

Research Highlights

From the Survey Research Laboratory at
Virginia Commonwealth University's Center for Public Policy

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Research conducted for the Virginia HIV Community Planning Committee

HIV-Related Knowledge, Attitudes and Behavior of Virginians: 1995 General Population Survey

Virginians know certain basic facts about AIDS, many are being tested for HIV, and some are changing their behavior to minimize their risk. However, important misconceptions remain. For example, many overstate the risk of transmission in situations where transmission is highly unlikely or impossible. Virginians' knowledge and attitudes about HIV/AIDS vary substantially by education level, age, race, and region.

These were among the findings of a survey on HIV-related knowledge, attitudes and behavior conducted January 19 through March 22, 1995, by Virginia Commonwealth University's Survey Research Laboratory (SRL).¹ The SRL conducted this study as part of its ongoing collaboration with the Virginia HIV Community Planning Committee for use in establishing HIV/AIDS education priorities.

Methodology

The 1995 general population survey was designed to yield information about the adult population of Virginia as a whole, and about subgroups by race and health region. Respondents were randomly selected from across Virginia, and telephone interviews were completed with 1,541 individuals.

To ensure that sample size for subgroups within the general population was adequate to support reliable comparisons, regional quotas were set and the

African-American population was oversampled. As a result, the final data set contains stand-alone samples of more than 300 interviews from each of Virginia's five health regions – Northern (DC suburbs), Northwest, Central, Eastern, and Southwest – and 365 interviews with African-Americans.

Questions answered by all respondents are subject to a sampling error of plus or minus approximately 3 percentage points at the 95 percent level of confidence. Sampling error for subgroups is higher, for example, plus or minus about 5.5 percentage points for the regional samples.

The data were weighted by region, education, race and sex to create a representative statewide sample. All percentages reported here are weighted.

Awareness of HIV/AIDS

Almost all the respondents had heard of AIDS, though fewer—72 percent—were aware there is a distinction between HIV and AIDS. This awareness, like other measures of HIV/AIDS knowledge discussed below, varied with age, income, and most markedly, with education. Forty-two percent of those who had not completed high school said they knew there was a difference between HIV and AIDS, as compared to 87 percent of college graduates.

A minority said they have personal or professional interaction with someone they know to be HIV-positive. Eleven percent said they encounter one or more persons infected with HIV at work, and 26 percent said they know one or more in their personal lives. Interaction with HIV-positive people was associated with education: eight percent of respondents who had not completed high school said they encounter someone with HIV at work, compared to 16 per-

¹ The complete text and tables are found in "HIV-Related Knowledge, Attitudes and Behavior of Virginians: 1995 General Population Sample," prepared by the VCU Survey Research Laboratory for the Virginia HIV Community Planning Committee, September 1995. The report is available from the Survey Research Laboratory.

cent of those with at least a college degree. Eleven percent of the former group and 35 percent of the latter said they know at least one HIV-positive person in their personal lives.

Earlier SRL surveys showed fewer respondents having personal or professional association with HIV-positive persons. Fourteen percent of respondents to a 1988 survey and 16 percent of respondents to a 1989 survey said they had ever known anyone infected with HIV.

Beliefs about HIV/AIDS transmission and prevention

Respondents were asked to assess the likelihood of transmission of HIV in each of nine situations and the effectiveness of five proposed prevention methods. Their answers were compared to answers deemed correct by the HIV/AIDS Center at Virginia Commonwealth University.

The survey showed that Virginians have a good understanding of the high risks of sharing needles for drug use; 97 percent of respondents answered correctly. Ninety-three percent responded appropriately that transmission from an HIV-positive pregnant woman to her baby is somewhat or very likely. Most understood that shaking hands or touching a person with HIV is not risky; 45 percent said transmission in this manner is impossible and another 41 percent gave the next-best response, "very unlikely."

The SRL and the HCPC

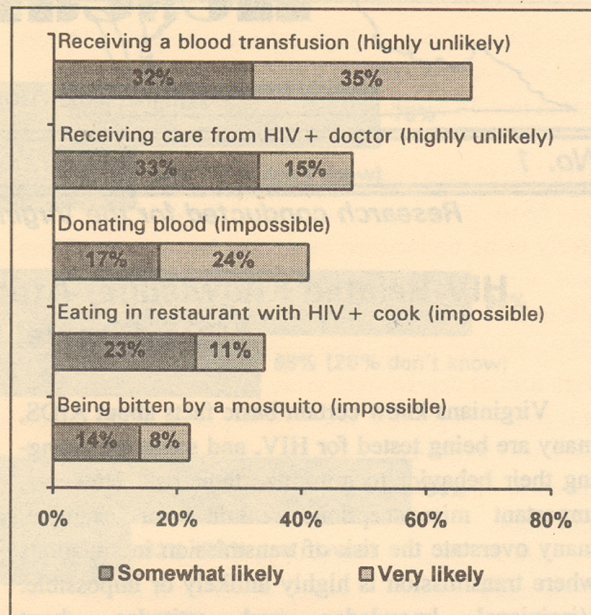
The Virginia Commonwealth University Survey Research Laboratory, founded in 1982, and incorporated in the university's Center for Public Policy in 1994, serves the university, the community, and local and state government through some 100 projects annually. The SRL also manages a number of large data sets available through the Inter-university Consortium for Political and Social Research.

The SRL conducted the survey discussed in this report for the Virginia HIV Community Planning Committee (HCPC), an advisory committee to the Virginia Department of Health. The HCPC includes representatives from communities across Virginia most affected by the epidemic and is responsible for developing an annual HIV prevention plan for Virginia for submission to the Centers for Disease Control and Prevention.

For more information about this survey, the SRL, or the HCPC, contact: VCU Survey Research Laboratory, PO Box 3016, Richmond, VA 23284-3016. Our telephone is (804) 828-8813, and fax (804) 828-6133. Or visit the SRL on the World Wide Web at:

<http://www.vcu.edu/cppweb/srlweb/srlhome.htm>

Figure 1: Percent saying that transmission is somewhat or very likely in five situations in which transmission is very unlikely or impossible. (Correct answer given in parentheses.)



However, survey respondents were less knowledgeable about transmission in other situations and consistently overstated the risks of HIV transmission. Figure 1 shows the percentages of those saying that transmission is somewhat or very likely in five situations in which transmission is in fact very unlikely or impossible. For example, 32 percent of respondents answered "somewhat likely" and 35 percent answered "very likely" when asked about the likelihood of contracting HIV through a blood transfusion.

Most respondents had some appreciation of the effectiveness of condoms as a means of prevention. Ninety-four percent answered that condoms are very or somewhat effective in preventing HIV transmission. Most understood that birth control pills and withdrawal of penis are ineffective means of prevention, with 89 percent and 79 percent respectively giving correct answers for these questions. Respondents were less certain about the effectiveness of spermicidal jelly, foam, or cream, with or without a diaphragm.

The average number of correct responses was 3.6 out of nine transmission questions and 2.53 out of five prevention questions. Younger respondents tended to answer more questions correctly than did older respondents, and those with higher incomes tended to answer more correctly than did those in lower income categories. Regional contrasts were

evident as well, with residents of Northern Virginia the most knowledgeable and residents of the Southwest region the least. HIV/AIDS knowledge was most closely correlated with education. Respondents who had not finished high school averaged 2.72 correct answers on the transmission questions, as compared to 4.18 for those with at least a college degree.

HIV/AIDS and children

Most Virginians are aware HIV/AIDS is not likely to be transmitted in a school classroom. More than three-quarters of respondents said they would allow their children to be in the same class with an HIV-positive child. Respondents with less than a high school degree were more hesitant than others on this point; 58 percent said they would send their children to school with an HIV-positive child, as compared to 80 to 83 percent of respondents with more education.

Most Virginians support HIV/AIDS education in elementary school. Twenty-seven percent said that HIV/AIDS education should begin in kindergarten, first, or second grade. Forty-seven percent said it should begin in grades three through six.

Two-thirds of respondents with children said parents should begin talking to their children about HIV by age 10 or younger. Sixty-seven percent of respondents with children aged 5 to 21 said they had talked with their children about HIV transmission and prevention.

Perception of risk and HIV-relevant behavior

The survey sought to assess respondents' risk-taking behavior and their perception of personal risks.²

Nine percent of respondents believed they had been put at risk for infection with HIV in the preceding year. About a quarter of these attributed the risk to occupational exposure (such as working in a hospital) and another quarter to unprotected or casual sex. Twenty-two percent blamed their risk on the unfaithfulness of a partner or spouse. Perception of risk was associated with age. Thirteen percent of the 18-24 year old group said they had been placed at risk, as

compared to three percent of 55-64 year olds.

When asked about behaviors that carry an elevated risk of transmission, less than one percent of respondents said they had injected non-prescription drugs, had sexual intercourse with an IV drug user, or paid or received money for sexual intercourse in the preceding year. Eighteen percent said they had sex with one or more casual partners without a condom.

A third reported changes in their sexual behavior due to knowledge or fear of HIV/AIDS. Of these, 35 percent said they had reduced the number of their sexual partners, and 41 percent said they had started using condoms or increased their condom use.

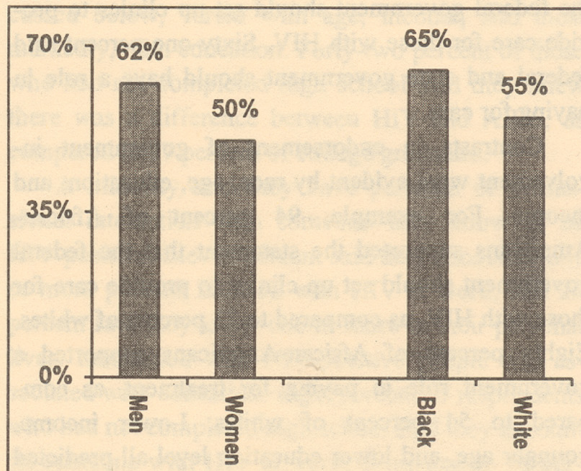
HIV testing

Fifty-six percent of all respondents reported that they had been tested for HIV, with 44 percent of these saying they were required to take the test, and 54 percent saying it was strictly voluntary. One fifth of those who had been tested said they had done so to learn their HIV status. Another 14 percent had been tested for hospitalization or surgical procedure and 12 percent as part of a routine check-up.

Younger respondents were more likely to have been tested than older groups and more likely to say they had done so to determine their HIV status. Figure 2 shows that men were more likely than women to report they had been tested, and African-Americans more likely than whites.

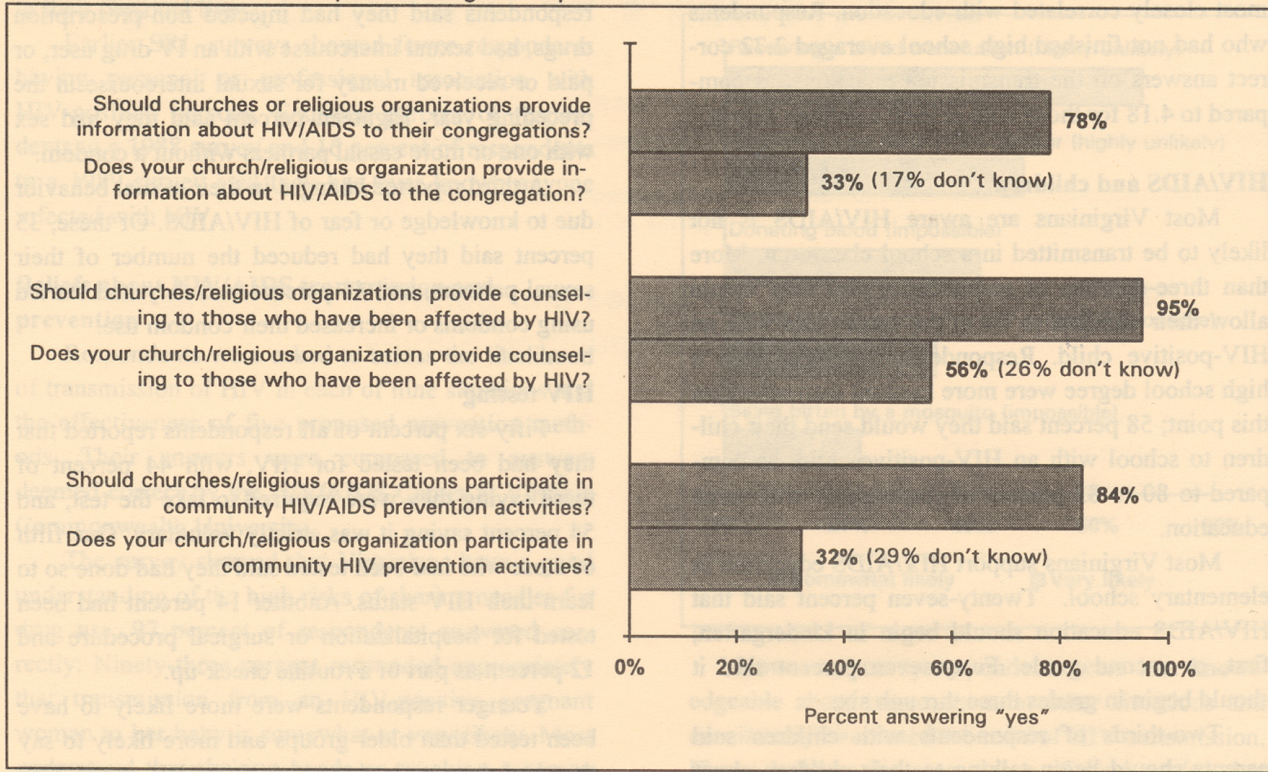
The percent of Virginians who have been tested has grown since the late 1980s when the test was new. In a 1988 SRL survey, 18 percent said they had been tested, and in 1989, 24 percent.

Figure 2: Percent being tested for HIV, by sex and race.



² The percentages reported in this section are based on the 1,177 respondents who were under 65 years old and who agreed to answer the set of questions on HIV-relevant behavior after being told that the questions were of a personal nature.

Figure 3: Role of churches and other religious organizations in HIV/AIDS prevention and counseling. Shown here are responses from the 1,064 respondents who said they are affiliated with a church or religious organization. Many of these respondents said they did not know what their churches were doing with respect to HIV/AIDS. "Don't know" responses are given in parentheses.



Responsibility for HIV/AIDS prevention and treatment

Virginians think that responsibility for HIV prevention should be shared broadly among government, schools, churches, social service agencies, families and individuals. About three quarters of respondents said it was very important that the government be involved in HIV prevention. Seventy-seven percent said they agreed or strongly agreed that the federal government should set up clinics to provide care for those with HIV. Sixty-one percent said federal and state government should have a role in paying for care.

Contrasts in endorsement of government involvement were evident by race, age, education, and income. For example, 94 percent of African-Americans supported the statement that the federal government should set up clinics to provide care for those with HIV, as compared to 73 percent of whites. Eighty percent of African-Americans supported a government role in paying for treatment, as compared to 54 percent of whites. Lower income, younger age, and lower education level all predicted

more support for a government role in HIV prevention and treatment.

Virginians ascribe an important role to churches and other religious organizations in dealing with HIV/AIDS, and would like to see them do more, as shown in Figure 3. For example, while 78 percent of respondents affiliated with a church or religious organization said that churches should provide information about HIV to their congregations, only 33 percent said their churches were providing this information. Seventeen percent said they did not know what their churches were doing in this regard.

Conclusion

The survey showed Virginians' HIV-related knowledge, attitudes and behavior to be associated with education, age, race, and region of residence. Younger respondents, those with more education, and whites tended to know more about HIV than did older respondents, those with less education, and African-Americans. Demographic contrasts are also evident in behavior and attitudes for HIV prevention and treatment.